



INSURANCE BINDER

DATE (MM/DD/YYYY)
12/12/2024

THIS BINDER IS A TEMPORARY INSURANCE CONTRACT, SUBJECT TO THE CONDITIONS SHOWN ON PAGE 2 OF THIS FORM.

AGENCY Guardian Insurance 99 Main Street North Easton, MA 02356		COMPANY Verdant Underwriting Managers	BINDER #
		DATE EFFECTIVE TIME	DATE EXPIRATION TIME
		12/12/2024 12:21 X AM X PM	12/12/2025 12:01 AM NOON
PHONE (A/C, No, Ext): (508)969-1980 FAX (A/C, No): (508)969-1986		THIS BINDER IS ISSUED TO EXTEND COVERAGE IN THE ABOVE NAMED COMPANY PER EXPIRING POLICY #:	
CODE:	SUB CODE:		
AGENCY CUSTOMER ID: 00005592		DESCRIPTION OF OPERATIONS / VEHICLES / PROPERTY (Including Location) Location Address: 14 Sheep's Pond Nantucket MA 02554	
INSURED AND MAILING ADDRESS 14 & 16 Sheep Pond LLC 29 Mystic Ave Somerville, MA 02145			

COVERAGES		LIMITS			
TYPE OF INSURANCE		COVERAGE / FORMS	DEDUCTIBLE	COINS %	AMOUNT
PROPERTY	CAUSES OF LOSS <input type="checkbox"/> BASIC <input type="checkbox"/> BROAD <input checked="" type="checkbox"/> SPEC	Building (100% Replacement Cost) Personal Property Loss of Use	\$5,000 \$5,000 \$5,000	80%	\$1,500,000 \$250,000 \$200,000
GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR		Personal Liability	EACH OCCURRENCE DAMAGE TO RENTED PREMISES MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG		\$ 500,000
		RETRO DATE FOR CLAIMS MADE:			
VEHICLE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			COMBINED SINGLE LIMIT BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE MEDICAL PAYMENTS PERSONAL INJURY PROT UNINSURED MOTORIST UNINSURED MOTORIST (per accident)		\$
VEHICLE PHYSICAL DAMAGE DED COLLISION: _____ OTHER THAN COL: _____		ALL VEHICLES <input type="checkbox"/> SCHEDULED VEHICLES	ACTUAL CASH VALUE STATED AMOUNT		\$
GARAGE LIABILITY <input type="checkbox"/> ANY AUTO			AUTO ONLY - EA ACCIDENT OTHER THAN AUTO ONLY: EACH ACCIDENT AGGREGATE		\$
EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM OTHER THAN UMBRELLA FORM		RETRO DATE FOR CLAIMS MADE:	EACH OCCURRENCE AGGREGATE SELF-INSURED RETENTION		\$
WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY			PER STATUTE E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT		\$
SPECIAL CONDITIONS / OTHER COVERAGES		This insurance policy may not be reduced, terminated or canceled without 30 days written notice to the mortgagee	FEES TAXES ESTIMATED TOTAL PREMIUM		\$

NAME & ADDRESS

Clinton Savings Bank ISAOA / ATIMA c/o Lee & Mason Financial Services PO Box 8455 Reston, VA 20195	ADDITIONAL INSURED LENDER'S LOSS PAYABLE	LOSS PAYEE <input checked="" type="checkbox"/> MORTGAGEE
LOAN #: 748		
AUTHORIZED REPRESENTATIVE <i>Bryan De Sa</i>		